

**Subcommittee on Africa, Global Human Rights and International Operations
Prepared Statement of Rep. Christopher H. Smith, Chairman**

Medical Outreach: An Instrument of U.S. Diplomacy

May 16, 2006

I regret I am unable to be present for today's hearing of the Subcommittee on Africa, Global Human Rights and International Operations, due to the funeral of my good friend and former colleague, the Honorable G.V. "Sonny" Montgomery. However, I am pleased to lend my strong support to the effort today to explore how the U.S. government can enhance its diplomatic and foreign assistance efforts to remote and overlooked populations in need by leveraging technology solutions focused exclusively on extending basic healthcare, such as easily preventable issues, eye and ear infections, etc.

Africa and other parts of the developing world are desperately in need of assistance to help improve basic health care. Sub-Saharan Africa has 11% of the world's population and 24% of the global burden of disease, but only 3% of the world's health workers. According to the World Health Organization's World Health Report of 2006, at least 1.3 billion people worldwide lack access to the most basic healthcare, often because there is no health worker. The burden is greatest in countries overwhelmed by poverty and disease where these health workers are needed most. A lack of personnel, combined with a lack of training and knowledge, is also a major obstacle for health systems as they attempt to respond effectively to chronic diseases and bird flu.

African government officials are requesting donor nations to adjust their assistance programs to meet these great needs. For instance, in January, I traveled to Uganda and met with Uganda's Minister of Gender, labor and Social Development, Mrs. Zoe Bakoko-Bakora. She said that what Ugandan women really needed – and wanted - was basic pregnancy care assistance and help in giving birth safely, especially in rural areas where health clinics and doctors are hard to come by.

The availability of communications technology to bring medical expertise together with under-trained medical personnel is one of the best good news stories to come along in years. For instance, telemedicine diagnostic equipment and live video conferencing is enabling doctors to have face to face discussions and share critical x-rays, electrocardiograms, echocardiograms, and angiograms over high-speed, two-way information networks. Medical professionals can exchange opinions on diagnosis, treatment, surgical techniques, post-surgery treatment and view diagnostic and therapeutic procedures in real-time. The relatively low cost to the government of providing such technology, along with leveraging the good will of humanitarian groups and top-ranked universities to donate their time and expertise, mean that implementation of programs

using this technology and best practices learned from programs to reach remote populations in the U.S. could save millions of lives.

I thank my good friend and colleague, the Honorable Jeff Fortenberry, for chairing this hearing today and leading the effort to encourage the United States government to creatively use medical outreach technologies and applications developed in the U.S. to spur new action to raise the profile of basic health outreach in our assistance efforts abroad.